

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20		3					70						
21		3					71						
22		3					72						
23		3					73						
24		3					74						
25		3					75						
26		3					76						
27		3					77						
28		3					78						
29		3					79						
30		3					80						
31		3					81						
32		3					82						
33		3					83						
34		3					84						
35		3					85						
36		3					86						
37		3					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		3					93						
44		3					94						
45		3					95						
46		3					96						
47		3					97						
48		3					98						
49		3					99						
50		3					100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	75						TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						